

Case Number:	CM15-0009123		
Date Assigned:	01/27/2015	Date of Injury:	03/08/2013
Decision Date:	03/18/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female with an industrial injury dated 03/08/2013. Her diagnoses include chronic pain, cervical radiculopathy, lumbar radiculopathy, bilateral foot pain, bilateral knee pain, bilateral shoulder blade pain, occipital neuralgia, bilateral intercostal neuralgia, headaches, and cervicgia. Recent diagnostic testing has included MRI of the left shoulder (4/22/2014), MRI of the right shoulder (04/23/2014), MRI of the lumbar spine (04/09/2014), MRI of the cervical spine (07/05/2013) and electrodiagnostic studies (09/11/2014) which were all abnormal. She has been treated with aquatic therapy, and long term use of medications. In a progress note dated 12/15/2014, the treating physician reports constant neck pain associated with tingling in the bilateral upper extremities and bilateral temporal headaches, constant low back pain with radiating symptoms down to the bilateral lower extremities noting numbness, tingling and weakness, bilateral upper extremity pain, lower extremity pain bilaterally, left chest wall pain, nausea, and constipation, despite treatment. The objective examination revealed tenderness and spasms in the neck and upper back musculature with slightly limited range of motion due to pain, decrease sensation in the left upper extremity, spasm in the thoracic spine, tenderness at the T7-9 levels, lumbar spasm and tenderness on palpation, decreased range of motion in the lumbar spine, decreased sensation in the lower extremities, positive straight leg raises, tenderness and mild swelling to the left wrist upon palpation, and tenderness on palpation of both knees with mild swelling. The treating physician is requesting Naproxen and Robaxin which were denied by the utilization review. On

01/06/2015, Utilization Review non-certified a prescription for Naproxen 550mg #60, noting the lack of recommendation for long term use. The MTUS Guidelines were cited. On 01/06/2015, Utilization Review non-certified a prescription for Robaxin 750mg #60 recommending weaning, noting sedation and reduced efficacy over time. The MTUS Guidelines were cited. On 01/15/2015, the injured worker submitted an application for IMR for review of Naproxen 550mg #60 and Robaxin 750mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

NAPROXEN 550MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 22 Page(s): 22.

Decision rationale: No, the request for Naprosyn, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work, it was acknowledged on a December 15, 2014 pain management progress note, referenced above. While the attending provider reported some reduction in pain scores effected as a result of ongoing medication consumption, these are, however, outweighed by the applicant's failure to return to work. The attending provider has failed to outline any meaningful or material improvements in function effected as a result of the same. The applicant was described on December 15, 2014 as using a walker to ambulate. The applicant was having difficulty performing activities of daily living as basic as self-care, personal hygiene, ambulating, gripping, and grasping, it was further noted. Ongoing use of Naprosyn has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Naprosyn. Therefore, the request was not medically necessary.

ROBAXIN 750 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: Similarly, the request for Robaxin, a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Robaxin can be employed with caution as a second-line option for short-term treatment of acute

exacerbations of chronic low back pain, here, however, the 60-tablet supply of Robaxin at issue represents chronic, long-term, and scheduled usage. Such usage, however, is incompatible with the short-term usage for which the muscle relaxants are recommended, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.